

# MICHIGAN DEPARTMENT OF EDUCATION

## SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to [MarshH@michigan.gov](mailto:MarshH@michigan.gov).

### CHECK THE APPROPRIATE BOX:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> For Profit Company                 | <input type="checkbox"/> Local School District        | <input type="checkbox"/> Community-Based Organization |
| <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Public School Academy        | <input type="checkbox"/> Private School               |
| <input type="checkbox"/> Institution of Higher Education    | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization     |

### Section 1: Provider Identification

Name of Entity Detroit Area Pre-College Engineering Program (DAPCEP)

Name of Director Jason D. Lee

Address 100 Farnsworth, Suite 249 City Detroit State MI Zip 48202

Phone 313-831-3050 Fax 313-831-5633 Email jdlee@dapcep.org

Proposed Location of Services (if different from above):

Address Various Detroit Area Locations City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If different from Director:

Name of Contact Person Suzanne Wasson, Program Administrator

Address 100 Farnsworth, Suite 249 City Detroit State MI Zip 48202

Phone 313-831-3050 X229 Fax 313-831-5633 Email swasson@dapcep.org

### Section 2: Provider Geographic Service Area Information

#### 1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☐ No ☒

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Wayne, Oakland and Macomb Counties

#### 2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: The New Detroit Science Center, 5020 John R. St. Detroit, MI

Site Location #2: University of Detroit – Mercy, 4001 West McNichols Road, Detroit, MI

Site Location #3: The Charles Wright Museum, 315 E Warren Ave, Detroit, 48201

**3. Transportation** – Provide information about accessibility to public transportation from your site:

Transportation to and from class venues is provided by DAPCEP when necessary.

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**4. Indicate if you are willing to provide services to eligible students at the school site:**

Yes ☐ No ☒

**Section 3: Provider Academic/Instructional Program Information**

**1. Subject Areas Covered** – List all subject areas you address in working with students:

Mathematics, English, Reading, Science, Engineering

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**2. Grade Level Able to Serve** – Indicate the grade levels you are able to serve: K –Rising Grade 4

**3. Time of Services** – Indicate when you deliver services to students:

☐ Before School   ☐ After School   ☒ Weekends   ☐ Summer   ☐ Other \_\_\_\_\_

**4. Mode of Instructional Delivery** – Describe the methods by which your program delivers instruction to students:

☐ Individual Tutoring   ☒ Small Group Instruction   ☐ Large Group Instruction  
☐ Online Web-Based   ☐ Other \_\_\_\_\_

**5. Schedule of Services** – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 3 hours (Spring/Fall)   Number of Sessions per Week 1 (Spring/Fall)  
6 hours (Summer)   5 hours summer

**6. Staffing** – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers   ☐ Paraprofessionals   ☐ Volunteers   ☐ Other \_\_\_\_\_

**7. Special Populations Served** – Indicate special populations you are able to serve:

☒ Special Education   ☐ Limited English Proficient   ☐ Other \_\_\_\_\_

**Section 4: Provider Fees**

**Cost/Fee Structure** – Check and complete the cost/fee structure you use:

X \$78.34 per Hour (unit of time, e.g., hour, week, etc.) per student.

☐ \$ \_\_\_\_\_ (flat fee) for \_\_\_\_\_ (unit of time, e.g., month, semester, year) per student.